Effective October 1, 2000 Page 2 09 9 563													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE C OR			OTHER THAN SMALL ENTITY	
то	TAL CLAIMS		w					RATE	FEE		RATE	FEE	
FO	9		NUMBER FILED		NUMBER EXTRA		,	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TO	TAL CHARGEA	BLE CLAIMS	₩ minus 20=		• . 🐟		,	X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS			. 8			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								.405			.070		
* If the difference in column 1 is less than zero, enter "0" i						olumn 2		+135=		OR	+270=	71-	
								TOTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL E		
AMENDMENT	6-27-06	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	<u> 2</u>	0	= 0/		X\$ 9=		OR	X\$18=		
	Independent	• 3	Minus	***	3	= <i>^_</i> <u> </u>		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)								ADDII. PEE I			ADDIT. PEET		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	.0,	NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= .		X\$ 9=	·	OR	X\$18=		
	Independent	•	Minus	•••		=		X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135=		OR	+270=		
							İ	· TOTAL		OR	TOTAL		
		(Column 1)		(Colu	ımn 2)	(Column 3)		ADDIT. FEE			ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	T tal	•	Minus	••		=		X\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	***		=]	X40=	-		X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										+270=			
••	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE												
		nber Previously Pa					er fo	und in the app	propriate bo	x in co	lumn 1.		

Application or Docket Number